

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-018620

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

317

Primary Registration District No.

590

Registrar's No.

1338

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4010

2 217

3

4 1

5 0

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9 4221

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12 86-0

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88

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

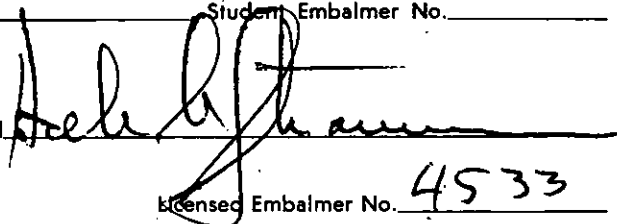
| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Berkeley City | | Length of stay in 1b 4 1/2 Mon. | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hubbartt Nursing Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) MARY(FRIEDA)FREDERICA POLHAUS | | 4. DATE OF DEATH Month Apr. Day 20 Year 1963 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-12-1877 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | |
| 11a. BIRTHPLACE (City and state or country) Bollinger Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Bernard Polhaus | | 13b. MOTHER'S MAIDEN NAME Catherine Nenninger | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT Mrs. Ann Rover | | Address 5747 Finkman Ave. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chor. Myocarditis DUE TO (b) Arterio-sclerosis DUE TO (c) 4-2-1 | | | INTERVAL BETWEEN ONSET AND DEATH 4 mo 6 yrs |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 1:20 a.m. A. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Mo. STATE | |
| 21. I attended the deceased from Dec. 19, 1962 to April 20, 1963 and last saw her alive on April 20, 1963 Death occurred at 1:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE M. A. Scher M.D. (Degree or title) | | 22b. ADDRESS 9385 Page Bend St. Louis 14 Mo | |
| 22c. DATE SIGNED 4/22/63 | | 22d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Apr. 23, 1963 | |
| 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. | | 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | |
| 24. FUNERAL DIRECTOR Kriegshauser | | 25. DATE RECD. BY LOCAL REG. 4-22-63 | |
| ADDRESS 4228 S. Kingshighway | | 26. REGISTRAR'S SIGNATURE John B. Murphy M.D. | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed


Licensed Embalmer No. 4533

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.